							-VRI	EC)PY				
PATEN	T APPLICAT	TON FEE	: DETEDI	WALA.	TION DEC	~		Applie	cation	or i	Docket N	lumber	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001							10/070092						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAN						
TOTAL CLAIMS							RAT		EE	OR SMALLE			
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC				RATI BASIC F		
TOTAL CHARGEABLE CLAIMS		27	27minus 20=		- 1		XS 9			OR	 	VIV	
INDEPENDENT CLAIMS		197	2minus 3 =						_	OR	X\$18:	Vak	
MULTIPLE DEP	ENDENT CLAIM		,			ł	X42=			OR	X84=		
If the different	na in naissee 4 i	in to	loop the				+140	-	lo	OR	+280=		
			ess than zero, enter "0" in column 2			•	TOTAL	L	7	a SC	TOTAL	1/2//	
	CLAIMS AS						•			•	4	RTHAN	
	(Column 1)		(Coturi HIGHE		(Column 3)	ìr	SMAL	L ENTIT		R	SMALL	LENTITY	
	REMAINING AFTER		NUMB PREVIO	USLY	PRESENT		RATE	ADD		1	RATE	ADDI- TIONAL	
Total	THE MOMENT	Minus	PAID F	OR		-		FEE	4	Ļ		FEE	
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:	ENTATION OF N		LTIPLE DEPENDENT CLAIN				X42=		7。	R	X84=		
			EV CHOCK!	COMM		-	+140=		7	` 	. 222		
	•					L	TOTAL	-	_ 0	L,	+280= TOTAL		
· _	(Column 1)		(Column	n 2)	(Column 3)	AE	ODIT. FEE			RA	DOIT. FEE		
	CLAIMS REMAINING		HIGHEL	57		_		ADDI	_	_			
	AFTER AMENDMENT		PREVIOU	SLY	PRESENT EXTRA		RATE	TIONA	•	ı	RATE	ADDI- TIONAL	
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•			•			<u> </u>	TOTAL		OR	_	TOTAL		
Charles in the second	(Column 1)		(Column	2) (Column 3)	ADE	XT. FEE I			ADI	DIT. FEEL		
	Claims Remaining	Ti €	HIGHES!	7	PRESENT	_		ADDI-	7	_		ADDI-	
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Independent		Minus				┢	\$ 9=		OR	Ļ	\$18=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							42=		OR	_	(84=		
the entry in onlumn 5 to lose than the anter 2						+1	40=		OR	+2	280=	1	
the entry in column 1 is less than the entry in column 2, write "0" in column 3. I the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Reviously Paid For" IN THIS SPACE is less than 3, enter "3."						ADD	TOTAL T. FEE		OR	<u> </u>	TOTAL		
ne 'Highest Numb	er Previously Paid	For (Total or I	ndependent) i	s than 3 s the hi), enter "3." ghest number fo	rund ir	the appr	opriate bo	x in col	aDD ama	IT. FEE L. 1.		
PTO-875 (FRev. 6/01								_					
		•	Eryson	() 700) 4F J	Pa	ieui su	o Tracema	SH OTHER, U	S. DEP	ARTE	KENT OF C	OWWERCE	